Fill in this information to identify your case and this	a iliag Filed: 01/26/19 Desc: Main Do	cument Page 1	1 of 33
, , , , , , , , , , , , , , , , , , , ,		-	
Debtor 1 Mary E. Sherbourne First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filling) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: District of New Hamps	hire		
Case number 19-10021			
Case number			Check if this is an
			amended filing
Official Form 106A/B			
Schedule A/B: Propert	y		12/15
In each category, separately list and describe item category where you think it fits best. Be as comple responsible for supplying correct information. If m write your name and case number (if known). Answers Part 1: Describe Each Residence, Building,	ete and accurate as possible. If two married people ore space is needed, attach a separate sheet to thinger every question.	e are filing together, bo is form. On the top of a	th are equally
Do you own or have any legal or equitable intere	st in any residence, building, land, or similar prop	erty?	
☐ No. Go to Part 2.			
✓ Yes. Where is the property?	What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions. Put
1.1. 111 Old Pound Road	✓ Single-family home Duplex or multi-unit building	the amount of any secure Creditors Who Have Clain	
Street address, if available, or other description	Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	☐ Land ☐ Investment property	Ψ	\$_144,700.00
Antrim NH 03440 City State ZIP Code	Timeshare	Describe the nature of interest (such as fee	
,	Other	the entireties, or a life Fee simple	e estate), if known.
	Who has an interest in the property? Check one.		emmunity property
Hillsborough County County	☑ Debtor 1 only ☐ Debtor 2 only	CHECK II this is co	minumity property
County	Debtor 1 and Debtor 2 only		
	At least one of the debtors and another		
702	Other information you wish to add about this it property identification number:	em, such as local	
If you own or have more than one, list here:	What is the property? Check all that apply.	Do not deduct secured cla	
1.2	☐ Single-family home ☐ Duplex or multi-unit building	the amount of any secure Creditors Who Have Clair	
Street address, if available, or other description	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land	\$	\$
	☐ Investment property ☐ Timeshare	Describe the nature	of your ownership
City State ZIP Code	Other	Describe the nature of interest (such as fee	simple, tenancy by
	Who has an interest in the property? Check one.	the entireties, or a life	e estate), it known.
	Debtor 1 only		
County	Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	ommunity property
	At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this ite	m, such as local	

Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
City State ZIP Code County	Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:	(see instructions)	simple, tenancy by
Add the dollar value of the portion you own for all you have attached for Part 1. Write that number I Part 2: Describe Your Vehicles	II of your entries from Part 1, including any entries		\$ 144,700.00
Do you own, lease, or have legal or equitable interest you own that someone else drives. If you lease a vehicle 3. Cars, vans, trucks, tractors, sport utility vehicles ☑ No ☐ Yes	e, also report it on Schedule G: Executory Contracts a		3
3.1. Make: Model:	Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clair.	d claims on <i>Schedule D:</i>
Year: Approximate mileage: Other information:	Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
If you own or have more than one, describe here:	Check if this is community property (see instructions)	\$	\$
3.2. Make: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on <i>Schedule D:</i>
Year: Approximate mileage: Other information:	Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
Other information.	☐ Check if this is community property (see instructions)	\$	\$

		Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla	d claims on <i>Schedule D:</i>
		Debtor 2 only	Creditors Who Have Clair	ns Securea by Property.
Year:		Debtor 1 and Debtor 2 only	Current value of the	
Approx	imate mileage:	At least one of the debtors and another	entire property?	portion you own?
Other in	nformation:	Check if this is community property (see instructions)	\$	\$
		Debter 1 enly	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on <i>Schedule D:</i>
		Debtor 2 only		
Year:		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approx	imate mileage:	At least one of the debtors and another	chare property.	portion you own.
Other in	nformation:	Check if this is community property (see instructions)	\$	\$
,		's and other recreational vehicles, other vehicles, and accessoral watercraft, fishing vessels, snowmobiles, motorcycle accessor		
Examples: Bo No Yes 4.1. Make: Model: Year:	pats, trailers, motors, person	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		d claims on Schedule D: ns Secured by Property.
Examples: Bo No Yes 4.1. Make: Model: Year:	pats, trailers, motors, person	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D: ms Secured by Property. Current value of th portion you own?
Examples: Bo No Yes 4.1. Make: Model: Year:	pats, trailers, motors, person	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ms Secured by Property. Current value of th portion you own?
Examples: Bo ✓ No ─ Yes 4.1. Make: Model: Year: Other ii	pats, trailers, motors, person	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D: ms Secured by Property. Current value of th portion you own?
Examples: Bo ✓ No ─ Yes 4.1. Make: Model: Year: Other ii	nats, trailers, motors, person	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) re: Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$
Examples: Bo No Yes 4.1. Make: Model: Year: Other in If you own or 4.2. Make: Model: Year:	nats, trailers, motors, person	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) re: Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clathe amount of any secure	d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$
Examples: Bo No Yes 4.1. Make: Model: Year: Other in If you own or 4.2. Make: Model: Year:	nats, trailers, motors, person	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) re: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule Dans Secured by Property. Current value of the portion you own? \$

Part 3: Describe Your Personal and Household Items

	you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own?
6.	Household goods and furnishings	Do not deduct secured claims or exemptions.
	Examples: Major appliances, furniture, linens, china, kitchenware	or exemptions.
	No No Yes. Describe Ordinary household furniture, unexceptional appliances, and misc. household effects, \$1,000.00	\$_1,000.00
7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music	
	collections; electronic devices including cell phones, cameras, media players, games Modest consumer electronics, \$500.00	1
	□ No wodest consumer electronics, \$500.00 □ Yes. Describe	_{\$} 500.00
	Yes. Describe	\$
•	Oallastiklas af valus	
8.	Collectibles of value	J
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	☑ No □ Yes. Describe	_{\$} 0.00
	Tes. Describe	\$
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	
	and kayaks; carpentry tools; musical instruments	
	□ No 1 ordinary bicycle, a canoe, and misc. sporting equipment, \$100.00	
	✓ Yes. Describe	_{\$} 100.00
		Ψ
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	□ No	
	Yes. Describe One ordinary handgun, \$100.00	_{\$} 100.00
11.	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	1
	Ordinary casual clothing, \$100.00	100.00
	Yes. Describe	\$
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	gold, silver	
	☑ Yes. Describe	\$_500.00
12	Non-farm animals	
13.	Examples: Dogs, cats, birds, horses	
	No Two dogs	0.00
	Yes. Describe	\$
14.	Any other personal and household items you did not already list, including any health aids you did not list	_
	None No	
	☑ Yes. Give specific	0.00
	information	\$
. -		2 200 00
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$_2,300.00
	To rait or tritle that humber here	

Part 4: Describe Your Financial Assets
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Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No	
✓ YesCash:	\$ 10.00
 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage howand other similar institutions. If you have multiple accounts with the same institution, list each. No 	uses,
Yes Institution name:	
17.1. Checking account: Bank of New Hampshire	_{\$7,439.96}
17.2. Checking account:	\$
17.3. Savings account:	 \$
17.4. Savings account:	 \$
17.5. Certificates of deposit:	
17.6. Other financial account:	
17.7. Other financial account:	
17.8. Other financial account:	
17.9. Other financial account:	 \$
18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes Institution or issuer name:	•
 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☑ No ☐ Yes. Give specific information about them 	n
Name of entity: % of owne	rship: % \$
	¢.

20. Government and corporate bonds and other negotiable and non-negotiable instruments	
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.	
☑ No	
Yes. Give specific information about	
themIssuer name:	
	\$
	\$
	•
	Ψ
 Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans 	
☑ No	
Yes. List each account separately. Institution name: Type of account:	
401(k) or similar plan:	\$
	_
Pension plan:	
IRA:	\$
Retirement account:	\$
Keogh:	<u> </u>
Additional account:	\$
Additional account:	 \$
Your share of all unused deposits you have made so that you may continue service or use from a company <i>Examples:</i> Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No	
Yes Institution name or individual:	
Electric:	_ \$
Gas:	
Heating oil:	_ \$
Rental unit:	_ \$
Prepaid rent:	_ \$
Telephone:	_ \$
Water:	_
Rented furniture:	<u> </u>
Other:	\$
23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	
☑ No	
Yes Issuer name and description:	
	\$
	_ \$
	\$

24. Interests in an education IRA, in an account in a qualified ABLE program,	or under a qualified state tuition program.	
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).		
☑ No		
Yes Institution name and description. Separately file	the records of any interests.11 U.S.C. § 521(c):	
	\$	
	\$	
		
		
OF Trucks aguitable or future interests in preparty (other than enuthing listed	in line 1) and rights or newere	
25. Trusts, equitable or future interests in property (other than anything listed exercisable for your benefit	in line 1), and rights of powers	
☑ No		
Yes. Give specific		
information about them	<u>\$0.00</u>	
26. Patents, copyrights, trademarks, trade secrets, and other intellectual prop	-	
Examples: Internet domain names, websites, proceeds from royalties and licens No	sing agreements	
Yes. Give specific information about them	\$0.00	
	-	
27. Licenses, franchises, and other general intangibles		
Examples: Building permits, exclusive licenses, cooperative association holding	s, liquor licenses, professional licenses	
☑ No		
Yes. Give specific	0.00	
information about them	\$0.00	
Money or property owed to you?		value of the
Money or property owed to you?	portion Do not de	you own? duct secured
	portion Do not de	you own?
28. Tax refunds owed to you	portion Do not de	you own? duct secured
28. Tax refunds owed to you No	portion Do not de claims or	you own? duct secured
28. Tax refunds owed to you No Yes. Give specific information	portion Do not de claims or	you own? duct secured
28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns	portion Do not de claims or	you own? duct secured
28. Tax refunds owed to you No Yes. Give specific information about them, including whether	portion Do not de claims or	you own? duct secured
28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns	Federal: \$\\\ 0.00\\\ State: \\ \\$\\\ 0.00\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	you own? duct secured
28. Tax refunds owed to you ✓ No — Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\\\ 0.00\\\ State: \\ \\$\\\ 0.00\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	you own? duct secured
28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns	Federal: \$\frac{0.00}{50.00}\$ State: \$\frac{0.00}{50.00}\$	you own? duct secured
28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{50.00}\$ State: \$\frac{0.00}{50.00}\$	you own? duct secured
28. Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{5.000}\$ State: \$\frac{0.00}{5.000}\$ Local: \$\frac{0.00}{5.000}\$ The state is the sta	you own? duct secured exemptions.
28. Tax refunds owed to you ✓ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{5.000}\$ State: \$\frac{0.00}{5.000}\$ Local: \$\frac{0.00}{5.000}\$ Tenance, divorce settlement, property settlement Wardman, e divorce in 2006, Wardman's address	you own? duct secured exemptions.
28. Tax refunds owed to you ✓ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{5.000}\$ State: \$\frac{0.00}{5.000}\$ Local: \$\frac{0.00}{5.000}\$ Tenance, divorce settlement, property settlement Wardman, e divorce in 2006, Wardman's address E 04860; Social Alimony: \$\frac{216,6}{5.000}\$	you own? duct secured exemptions.
28. Tax refunds owed to you ✓ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Local: \$\frac{0.00}{0.00}\$ The enance, divorce settlement, property settlement Wardman, e divorce in 2006, Wardman's address E 04860; Social claim, Cooperative electrical surge. April Support: \$\frac{0.00}{0.00}\$	you own? duct secured exemptions.
28. Tax refunds owed to you ✓ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$0.00 State: \$0.00 Local: \$0.00 Wardman, e divorce in 2006, Wardman's address E 04860; Social colaim, Cooperative electrical surge, April uipment, damaged aiving \$14,000,00	you own? duct secured exemptions.
28. Tax refunds owed to you ✓ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Local: \$\frac{0.00}{0.00}\$ Tenance, divorce settlement, property settlement Wardman, e divorce in 2006, Wardman's address E 04860; Social claim, Cooperative electrical surge, April uipment, damaged giving \$14,000.00, Property settlement: \$\frac{0.00}{0.00}\$ Property settlement: \$\frac{0.00}{0.00}\$ Property settlement: \$\frac{0.00}{0.00}\$ \$\fra	you own? duct secured exemptions.
28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Local: \$\frac{0.00}{0.00}\$ Tenance, divorce settlement, property settlement Wardman, e divorce in 2006, Wardman's address E 04860; Social e claim, Cooperative electrical surge, Apriluipment, damaged eiving \$14,000.00, nce 2003 VW Beetle Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Maimony: \$\frac{216,6}{0.00}\$ Support: \$\frac{0.00}{0.00}\$ Support: \$\frac{0.00}{0.00}\$ Property settlement: \$\frac{0.00}{0.00}\$	you own? duct secured exemptions.
28. Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Local: \$\frac{0.00}{0.00}\$ Tenance, divorce settlement, property settlement Wardman, e divorce in 2006, Wardman's address E 04860; Social e claim, Cooperative electrical surge, Apriluipment, damaged eiving \$14,000.00, nce 2003 VW Beetle Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Maimony: \$\frac{216,6}{0.00}\$ Support: \$\frac{0.00}{0.00}\$ Support: \$\frac{0.00}{0.00}\$ Property settlement: \$\frac{0.00}{0.00}\$	you own? duct secured exemptions.
28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Local: \$\frac{0.00}{0.00}\$ Tenance, divorce settlement, property settlement Wardman, e divorce in 2006, Wardman's address E 04860; Social e claim, Cooperative electrical surge, Apriluipment, damaged eiving \$14,000.00, nce 2003 VW Beetle Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Maimony: \$\frac{216,6}{0.00}\$ Support: \$\frac{0.00}{0.00}\$ Support: \$\frac{0.00}{0.00}\$ Property settlement: \$\frac{0.00}{0.00}\$	you own? duct secured exemptions.
28. Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Local: \$\frac{0.00}{0.00}\$ Tenance, divorce settlement, property settlement Wardman, e divorce in 2006, Wardman's address E 04860; Social e claim, Cooperative electrical surge, Apriluipment, damaged eiving \$14,000.00, nce 2003 VW Beetle A pay, vacation pay, workers' compensation,	you own? duct secured exemptions.
28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Local: \$\frac{0.00}{0.00}\$ Tenance, divorce settlement, property settlement Wardman, e divorce in 2006, Wardman's address E 04860; Social e claim, Cooperative electrical surge, Apriluipment, damaged eiving \$14,000.00, nce 2003 VW Beetle Federal: \$\frac{0.00}{0.00}\$ State: \$\frac{0.00}{0.00}\$ Maimony: \$\frac{216,6}{0.00}\$ Support: \$\frac{0.00}{0.00}\$ Support: \$\frac{0.00}{0.00}\$ Property settlement: \$\frac{0.00}{0.00}\$	you own? duct secured exemptions.

31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No	
Yes. Name the insurance company Company name: Beneficiary:	Surrender or refund value:
of each policy and list its value	\$
	\$
	\$
32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No ☐ Yes. Give specific information	\$ 0.00
33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue	
Yes. Describe each claim	_{\$} 0.00
34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No	
Yes. Describe each claim	\$0.00
35. Any financial assets you did not already list	
☑ No	
Yes. Give specific information	<u>\$0.00</u>
36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	_{\$} 241,549.96
Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any rea	al estate in Part 1.
37. Do you own or have any legal or equitable interest in any business-related property? ☑ No. Go to Part 6. ☐ Yes. Go to line 38.	
C F	Current value of the cortion you own? On not deduct secured claims or exemptions.
38. Accounts receivable or commissions you already earned	
□ No	
Yes. Describe	
Yes. Describe 39. Office equipment, furnishings, and supplies	5
	S

40. Machinery, fixtures, equipm	nent, supplies you use in business, and tools of your trade		
☐ No ☐ Yes. Describe			\$
41. Inventory No Yes. Describe			
42. Interests in partnerships or	joint ventures		
Yes. Describe Name	e of entity:	% of ownership:	\$
		% %	\$ \$
43. Customer lists, mailing lists	s, or other compilations		
	de personally identifiable information (as defined in 11 U.S.C. § 101(41A	\)) ?	
Yes. Describe			\$
44. Any business-related prope	erty you did not already list		
Yes. Give specific information			\$
			\$ \$
			\$
			\$
	of your entries from Part 5, including any entries for pages you have at er here	tached	<u>\$</u> 0.00
	rm- and Commercial Fishing-Related Property You Own or Ha an interest in farmland, list it in Part 1.	ave an Interest In	
46. Do you own or have any leg ✓ No. Go to Part 7. ✓ Yes. Go to line 47.	gal or equitable interest in any farm- or commercial fishing-related pro	perty?	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47. Farm animals <i>Examples</i> : Livestock, poultry,	, farm-raised fish		
☐ No ☐ Yes]
			\$

48. Crops—either growing or harvested			
☐ Yes. Give specific information			\$
49. Farm and fishing equipment, implements, machinery, fixtures, No Yes	, and tools of trade		7
			\$
50. Farm and fishing supplies, chemicals, and feed			
Yes			\$
51. Any farm- and commercial fishing-related property you did no	t already list		
Yes. Give specific information			\$
52. Add the dollar value of all of your entries from Part 6, includin for Part 6. Write that number here			\$_0.00
Part 7: Describe All Property You Own or Have a	n Interest in That	You Did Not List Above	
53. Do you have other property of any kind you did not already lise Examples: Season tickets, country club membership No Yes. Give specific information	st?		
54. Add the dollar value of all of your entries from Part 7. Write that	at number here	······································	\$ <u>0.00</u>
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2		→	\$_144,700.00
56. Part 2: Total vehicles, line 5	\$_0.00	_	
57. Part 3: Total personal and household items, line 15	\$2,300.00	_	
58. Part 4: Total financial assets, line 36	\$241,549.96	_	
59. Part 5: Total business-related property, line 45	\$_0.00	_	
60. Part 6: Total farm- and fishing-related property, line 52	\$_0.00	_	
61. Part 7: Total other property not listed, line 54	+ \$0.00	_	
62. Total personal property. Add lines 56 through 61	_{\$} 243,849.96	Copy personal property total	+ \$ <u>243,849.96</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$_388,549.96

Fill in this in	formation to id	dentify your case:		
Debtor 1	Mary E. Sherbo	ourne		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: District of New Hampshire		
Case number	19-10021		(,	
(If known)			•	

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim	as Exempt		
 Which set of exemptions are you claiming? You are claiming state and federal nonbank You are claiming federal exemptions. 11 U 	cruptcy exemptions. 11 U.S.C.	,	
2. For any property you list on Schedule A/B th	nat you claim as exempt, fill i	n the information below.	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
111 Old Pound Road Brief description: Line from Schedule A/B: 1.1	\$_144,700.00		N.H. Rev. Stat. Ann. § 480:1
Household goods - Ordinary household furn unexceptional appliances, and misc. household description: effects, \$1,000.00 Line from Schedule A/B: 6		1,000.00 100% of fair market value, up to any applicable statutory limit	N.H. Rev. Stat. Ann. § 511:2 (III)
Brief Electronics - Modest consumer electronics, description: Line from Schedule A/B: 7	\$500.00 \$_500.00		N.H. Rev. Stat. Ann. § 511:2 (III)
3. Are you claiming a homestead exemption or (Subject to adjustment on 4/01/19 and every 3 No No No Yes. Did you acquire the property covered to No Yes	years after that for cases filed o	. ,	

Mary E. Sherbourne

Last Name

Case number (if known) 19-10021

Additional Page

	-	<u>-</u>		
	Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief	Sports and hobby equipment - 1 ordinary bicycle, a canoe, and misc. sporting equipment, \$100.00	400.00	_	N.H. Rev. Stat. Ann. § 511:2 (XVIII)
	iption:	\$ <u>100.00</u>	\$ 100.00	
Line f	rom dule A/B: 9		100% of fair market value, up to any applicable statutory limit	
Brief	Firearms - One ordinary handgun, \$100.00			N.H. Rev. Stat. Ann. § 511:2 (XVIII)
	iption:	\$ <u>100.00</u>	\$ 100.00	
Line f	rom		100% of fair market value, up to any applicable statutory limit	
	dule A/B: 10			
Brief	Clothing - Ordinary casual clothing, \$100.00	s 100.00	□ • 100 00	N.H. Rev. Stat. Ann. § 511:2 (I)
descr	iption:	\$100.00	\$\frac{100.00}{100\% of fair market value, up to	
Line f	rom		any applicable statutory limit	,
Sche	dule A/B: 11 Jewelry - Modest wedding ring set, 1 ordinary watch,			N.H. Rev. Stat. Ann. § 511:2 (XVII)
Brief	\$500.00	\$ 500.00	\$ 500.00	3 (
	iption:	· · · · · · · · · · · · · · · · · · ·	100% of fair market value, up to	
Line f	dule A/B: 12		any applicable statutory limit	
Brief	U.S. currency in debtor's possession (Cash On Hand)	_{\$} 10.00	□ • 10.00	N.H. Rev. Stat. Ann. § 511:2 (XVIII)
descr	iption:	\$_10.00	\$ 10.00	
Line f	rom		100% of fair market value, up to any applicable statutory limit	
	dule A/B: 16			
Brief	Bank of New Hampshire (Checking)	¢ 7,439.96	√ \$ 7,439.96	N.H. Rev. Stat. Ann. § 167:25
descr	iption:	Φ	100% of fair market value, up to	
Line f			any applicable statutory limit	•
Sche	dule A/B: 17.1 Insurance claim, Cooperative Insurance: Home was			N.H. Rev. Stat. Ann. § 511:2 (XVIII)
Brief descr	damaged by electrical surge, April 2017, which destroy iption: electronic equipment, damaged furnace and appliances	^{ed} \$ 14,000.00	\$ 6,184.00	
Line f	Will be receiving \$14,000.00 (owed to debtor)	•	100% of fair market value, up to	
	dule A/B: 29		any applicable statutory limit	NUL D
Brief	Insurance claim, Cooperative Insurance: Home was damaged by electrical surge, April 2017, which destroyed		\$ 5,000.00	N.H. Rev. Stat. Ann. § 512:21 (VIII)
descr	iption: electronic equipment, damaged furnace and appliances Will be receiving \$14,000.00 (owed to debtor)	s. "	100% of fair market value, up to	
Line f			any applicable statutory limit	
Sche	dule A/B: 29 Alimony arrearage owed by Michael Wardman,			N.H. Rev. Stat. Ann. § 161-C:11
Brief	ex-husband, \$1,500.00 monthly since divorce in 2006,	\$216,600.00	2 \$ 216,600.00	3 · 0 · 0 · ·
uesci	iption: estimated arrearage is \$210,600.00. Wardman's address is 716 Walston Road. St. George ME 04860;	· · · · · · · · · · · · · · · · · · ·	100% of fair market value, up to	
Line f	rom Social Security # ending in 9832 (owed to debtor) dule A/B: 29		any applicable statutory limit	
Brief		\$	П¢	
	iption:	Ψ	100% of fair market value, up to	
Line f	rom dule A/B:		any applicable statutory limit	
Brief	intion	\$	□\$	
uescr	iption:	т	100% of fair market value, up to	
Line f	rom dule A/B:		any applicable statutory limit	
Brief		\$	П¢	
descr	iption:	Ψ	\$ \$ 100% of fair market value, up to	
Line f			any applicable statutory limit	
Sche	dule A/B:			

Fill in this in	formation to ide	ntify your cas	se:					
Debtor 1	Mary E. Sherbou	ırne						
	First Name	Middle	Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle I	Name	Last Name	_			
United Otates I	Dambar O	Diatriat of	F Now Homobire					
United States i	Bankruptcy Court for	the: District of	i New Hampshire	; 				
Case number (If known)	19-10021			-			Check	if this is an
(ed filing
Official	Form 106I	D						
Schod	ula D. Cı	— raditar	e Who H	lave Claim	s Sacure	d by Pror	o rt v	12/15
				people are filing toge I Page, fill it out, nun				
	ages, write your				ilber the entries, a	and attach it to this	ioini. On the top of	any
	editors have clair							
_				th your other schedule	es. You have nothi	ng else to report on t	his form.	
∠ Yes. F	ill in all of the infor	rmation below.	•					
Dowt 1. Li	st All Secured	Claima						
Part 1: Li	st All Secured	Claims				0.11	0.1 5	0 1 0
2. List all sec	cured claims. If a	creditor has r	nore than one se	cured claim, list the c	reditor separately	Column A Amount of claim	Column B Value of collateral	Column C Unsecured
for each cl	aim. If more than	one creditor h	nas a particular c	laim, list the other cre	ditors in Part 2.	Do not deduct the	that supports this	portion
As much a	is possible, list the	claims in alph	nabetical order a	ccording to the credito	or's name.	value of collateral.	claim	If any
2.1 Monadno	ck Community Ho	spital	Describe the r	property that secures	the claim:	_{\$} 20,000.00	_{\$} 144,700.00	_{\$} 0.00
				d Road, Antrim, NH 03		<u>, </u>	·	*
Creditor's Na			TITI Old I odili	a rioda, Antinii, Ni ros	υττο φίττ, <i>τ</i> ου.οί	,		
Number	ent Accounts Street							
	Street Road							
			_	you file, the claim is:	Check all that apply.			
Peterboro			Contingent					
City	Sta		Unliquidate	1				
Debtor 1	the debt? Check on	ie.		Observation and the extremely				
Debtor 2				Check all that apply. ent you made (such as m				
Debtor 1	and Debtor 2 only		car loan)	ent you made (such as m	longage or secured			
At least o	ne of the debtors and	d another	•	n (such as tax lien, mech	nanic's lien)			
☐ Check if	f this claim relates	to a		en from a lawsuit				
commu	nity debt ras incurred <u>08/2</u>	21/2017		ding a right to offset) f account number 9	520	_		
2.2 Specialize	ed Loan Servicing	LLC				\$114,911.21	\$ 144,700.00	s 0.00
	3			property that secures			\$ 144,700.00	\$ <u>0.00</u>
Creditor's Na	me		_ TTT Old Poun	d Road, Antrim, NH 03	3440 - \$144,700.00)		
8742 Luc			_					
Number	Street							
			of the date	you file, the claim is:	Check all that apply.			
Littleton	CC	0 80129	Contingent	•	,			
City	Sta		Unliquidate	d				
	he debt? Check on	ie.	☐ Disputed					
Debtor 1 Debtor 2			_	Check all that apply.				
	and Debtor 2 only		•	ent you made (such as m	ortgage or secured			
_	ne of the debtors an	d another	car loan) Statutory lie	n (such as tax lien, mech	nanic's lien)			
☐ Chack if	f this claim relates	to a		en from a lawsuit	- ,			
commu	nity debt			ding a right to offset)		-		
Date debt w				f account number 7		h. 10.1 0.1 1 5 1	ı	
Add the	dollar value of yo	our entries in	Column A on t	his page. Write that i	number here:	\$ <u>134,911.21</u>		

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Debtor 1

Mary E. Sherbourne
First Name Middle Name

Case number (if known) 19-10021

Last Name

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

be	notified for any debts in Part 1, do not fill o			to additional organions here. If you do not have additional persons to
	Harmon Law Offices			On which line in Part 1 did you enter the creditor? 2.2
	Name 150 California Street			Last 4 digits of account number 7859
	Street			
	Newton City	MA State	02458 ZIP Code	
	City	State	ZIP Code	0.1
	Hillsborough County Sheriff			On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number 0407
	Name 329 Mast Road			Last 4 digits of account number 0407
	Street Suite 109			
	Goffstown	NH	03045	
	City	State	ZIP Code	
	Hillsborough Superior Court North			On which line in Part 1 did you enter the creditor? 2.1
	Name 300 Chestnut Street			Last 4 digits of account number 0407
	Street			
	Manchester	NH	03101	
	City	State	ZIP Code	
	Internal Revenue Service			On which line in Part 1 did you enter the creditor? 2.2
	Name			Last 4 digits of account number
	80 Daniel Street Street			
	PO Box 9502			
	Portsmouth	NH	03802	
	City	State	ZIP Code	
	Town of Antrim Tax Collector			On which line in Part 1 did you enter the creditor? 2.2
	Name			Last 4 digits of account number 0000
	66 Main Street			
	Street DO Poy F17			
	PO Box 517			
	Antrim City	NH State	03440 ZIP Code	
Н	Опу	State	ZIF COUC	2.2
	Wells Fargo Home Mortgage Bankruptcy	Dept.		On which line in Part 1 did you enter the creditor? 2.2
	Name PO Box 10335			Last 4 digits of account number
	Street			
	Des Moines	IA	50306	
	City	State	ZIP Code	

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Debtor 1

Mary E. Sherbourne
First Name Middle Name Last Name

Case number (if known) 19-10021

Pa	List Others to Be Notified	tor a Debt i	nat You Aiready L	istea
ag yo	ency is trying to collect from you for a deb	ot you owe to so he debts that y	omeone else, list the o ou listed in Part 1, list	debt that you already listed in Part 1. For example, if a collection creditor in Part 1, and then list the collection agency here. Similarly, if the additional creditors here. If you do not have additional persons to
	Welts, White & Fontaine, P.C.			On which line in Part 1 did you enter the creditor? 2.1
Ш	Name			Last 4 digits of account number 9520
	29 Factory Street			
	Street			
	PO Box 507			
	Nashua	NH	03061-0507	
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
ш	Name			Last 4 digits of account number
	Name			Last 4 digits of account number
	Street			
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Ш	Name			Last 4 digits of account number
	Turne .			East 4 digits of account number
	Street			
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
ш	Name			Last 4 digits of account number
	Name			Last 4 digits of account number
	Street			
	City	State	ZIP Code	
П				On which line in Part 1 did you enter the creditor?
	Name		<u> </u>	Last 4 digits of account number
	Tamo			East 4 digits of account number
	Street	· · · · · · · · · · · · · · · · · · ·		
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
닏	Name			
	IVAILLE			Last 4 digits of account number
	Street			
				
	City	State	ZIP Code	

	Cas	se: 19-10021-B <i>F</i>	AH DOC#: 1	13 Filea:	01/26/19 De	sc: Main Docu	iment Pa	.ge 16 of 3	33
Fill	in this in	formation to identify y	our case:						
Deb	otor 1	Mary E. Sherbourne							
	otor 2	First Name	Middle Name	Last Na	ame				
	ouse, if filing)	First Name	Middle Name	Last Na	ame				
Unit	ted States E	Bankruptcy Court for the: D	istrict of New Hamp	pshire					
Cas	se number	19-10021							k if this is an ided filing
(If k	(nown)]		anien	ided illing
Off	ficial F	orm 106E/F							
Sc	hedu	le E/F: Cre	ditors W	ho Hav	e Unsec	ured Clain	าร		12/15
List to A/B: cred need	the other Property itors with led, copy additiona	te and accurate as pos party to any executory (Official Form 106A/B) partially secured clain the Part you need, fill I pages, write your nan	r contracts or un and on <i>Schedu</i> ns that are listed it out, number to ne and case nur	nexpired lease ule G: Executo d in Schedule the entries in t mber (if know	es that could resu bry Contracts and D: Creditors Who he boxes on the l	It in a claim. Also lis Unexpired Leases (Have Claims Secur	st executory co Official Form 1 ed by Property	ontracts on <i>Sc</i> 06G). Do not i v. If more spac	chedule nclude any e is
гаг	LIS	St All Of Tour Fillon	TTT Onsecute	u Claiiiis					
	_ ′	editors have priority ur to Part 2.	secured claims	s against you?	•				
e n u	each claim conpriority insecured	your priority unsecure listed, identify what type amounts. As much as p claims, fill out the Continuation of each type of	e of claim it is. If a ossible, list the c nuation Page of F	a claim has bo claims in alphab Part 1. If more	th priority and nonpoetical order according than one creditor h	riority amounts, list th ling to the creditor's n olds a particular claim	at claim here ar ame. If you hav	nd show both p e more than tw	riority and o priority
(i oi aii ox	sidilation of odon type of	olami, odo trio ir				Total claim	Priority	Nonpriority
								amount	amount
2.1				Last 4 digits	of account numbe	r	\$	\$	\$
	Priority Cred	litor's Name		When was th	ne debt incurred?				
	Number	Street							
						n is: Check all that apply	<i>/</i> .		
	City	State	ZIP Code	Continger					
	•			Unliquidat	ed				
	Debtor	Irred the debt? Check one 1 only	2 .	☐ Disputed	ORITY unsecured	oloimi			
	Debtor	•			support obligations	Ciaiii.			
	_	1 and Debtor 2 only				ou owe the government			
	At leas	t one of the debtors and and	other		death or personal inju	•			
	☐ Check	cif this claim is for a cor	nmunity debt	intoxicated		ary willo you wore			
	_	im subject to offset?		Other. Sp	ecify				
	∐ No □ Yes								
2.2	— 163			Last 4 digits	of account numbe	•	\$	\$	\$
	Priority Cree	ditor's Name			e debt incurred?		Φ	_ Φ	_ Ψ
	Number	Street		As of the dat	te vou file the clair	n is: Check all that apply	ı		
	Number	Sileei		_	-	ii is. Oneck all that apply	,.		
				☐ Continger ☐ Unliquidat					
	City	State	ZIP Code	Disputed					
	₩ho inc	urred the debt? Check on	e.						
	L Debtor	r 1 only			ORITY unsecured	claim:			
	_	r 2 only			support obligations				
	_	r 1 and Debtor 2 only	-41	Taxes and	d certain other debts y	ou owe the government			
	_	st one of the debtors and an			death or personal inju	ury while you were			
	☐ Checl	k if this claim is for a co	mmunity debt	intoxicated					
		im subject to offset?		U Other. Sp	ecity				
	No								

Part 2:

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First Name Mi

Last Na

List All of Your NONPRIORITY	Unsecured Claims
------------------------------	-------------------------

3.	Do any creditors have nonpriority unsum. No. You have nothing to report in this Yes					
4.	List all of your nonpriority unsecured of nonpriority unsecured claim, list the credit included in Part 1. If more than one credit claims fill out the Continuation Page of Page	tor separ tor holds	ately for each claim	. For each claim listed, identify what	at type of claim it is. Do not	list claims already
	Bank of America					Total claim
4.1				Last 4 digits of account number	4918	4.4.700.00
	Nonpriority Creditor's Name			-		\$ <u>14,739.36</u>
	Attn: Bankruptcy Dept.			When was the debt incurred?	11/22/2017	
	Number Street 100 North Tryon Street					
	<u> </u>			As of the date you file, the claim	is: Check all that apply.	
		NC	28255	Contingent		
	,	State	ZIP Code	Unliquidated		
	Who incurred the debt? Check one. Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecu	ıred claim:	
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another			Obligations arising out of a separ that you did not report as priority	ation agreement or divorce	
	☐ Check if this claim is for a communi	ty debt		Debts to pension or profit-sharing	g plans, and other similar debts	
	Is the claim subject to offset?	-		Other. Specify Credit Card Del	ot	
	✓ No					
	Yes					
4.2	Central Financial Control			Last 4 digits of account number		\$ <u>595.31</u>
	Nonpriority Creditor's Name			When was the debt incurred?	06/2017	
	Attn: Collection Dept.					
	Number Street			As of the date you file, the claim	is: Check all that apply.	
	PO Box 660873			☐ Contingent		
		ГХ	75266-0873	Unliquidated		
	Who incurred the debt? Check one.	State	ZIP Code	☐ Disputed		
	Debtor 1 only			Type of NONPRIORITY unsecu	ıred claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another			Obligations arising out of a separ that you did not report as priority		
	☐ Check if this claim is for a communi	tu dabt		Debts to pension or profit-sharing		
		ty debt		Other. Specify Medical Service		
	Is the claim subject to offset?					
	Yes					
4.3	Concord Hospital			Last 4 digits of account number		22.22
	Nonpriority Creditor's Name			When was the debt incurred?	12/2017	\$20.00
	Attn: Patient Accounts			When was the dept meaned:	12/2017	
	Number Street					
	250 Pleasant Street			As of the date you file, the claim	is: Check all that apply.	
		NH State	03301-7539 ZIP Code	Contingent		
	City Shourred the debt? Check one.	state	ZIP Code	Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecu	ıred claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Student loans Obligations arising out of a separ	ration agreement or divorce	
	At least one of the deptors and another			that you did not report as priority		
	☐ Check if this claim is for a communi	ty debt		Debts to pension or profit-sharing		
	Is the claim subject to offset?			Other. Specify Medical Service	es	
	✓ No					
	Yes					

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First Name	Middle Name	Last Name	***************************************

Pa	rt 2: List All of Your NONPRIOR	RITY Uns	secured Claims		
	Do any creditors have nonpriority uns No. You have nothing to report in this Yes		•		
4.	List all of your nonpriority unsecured nonpriority unsecured claim, list the cred	litor separ itor holds	ately for each claim	order of the creditor who holds each claim. If a creditor has . For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no	list claims already
					Total claim
4.4	Concord Hospital Family Health Cente	er		Last 4 digits of account number	
	Nonpriority Creditor's Name			When was the debt incurred?	\$_Unknown
	Attn: Patient Accounts Number Street			when was the dept incurred?	
	15 Antrim Road				
	Hillsboro	NH	03244	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and another			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a commun	nity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	
	Is the claim subject to offset?			Other. Specify Wedical Services	
	✓ No				
4.5	☐ Yes DIRECTV				\$ 150.00
4.5	J			Last 4 digits of account number When was the debt incurred? 12/2017	\$_130.00
	Nonpriority Creditor's Name Attn: Collection Dept.			<u>, , , , , , , , , , , , , , , , , , , </u>	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	PO Box 6550	00	80155-6550	☐ Contingent	
	Greenwood Village City	State	ZIP Code	Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only			Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans☐ Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another			that you did not report as priority claims	
	☐ Check if this claim is for a commun	ity debt		 □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Cable / Satellite Services 	
	Is the claim subject to offset?			Other. Specify Cable / Catemite Cervices	
	✓ No ☐ Yes				
4.6	Dartmouth-Hitchcock			Last 4 digits of account number 8362	
	Nonpriority Creditor's Name			When was the debt incurred? 03/6/2018	_{\$} 75.94
	Medical Center Drive			witch was the dest insulted.	
	Number Street				
	Labaran	NILL	00750	As of the date you file, the claim is: Check all that apply.	
	Lebanon City	NH State	03756 ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a commun	nity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Medical Services	
	✓ No				
	Yes				

List All of Your NONPRIORITY Unsecured Claims Part 2: 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. V Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.7 Enterprise Rent-a-Car Last 4 digits of account number 2N5G _{\$} 160.19 Nonpriority Creditor's Name 11/2017 When was the debt incurred? Attn: Accts Receivable Number Street 10 Navigator Road As of the date you file, the claim is: Check all that apply. NH 03053 Londonderry Contingent State ZIP Code Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☐ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ✓ No 🗌 Yes Eversource \$199.22 4.8 Last 4 digits of account number 1087 12/2017 When was the debt incurred? Nonpriority Creditor's Name Attn: Bankruptcy Dept. Number Street As of the date you file, the claim is: Check all that apply. PO Box 650047 Contingent TX 75266-0047 Dallas Unliquidated State ZIP Code Who incurred the debt? Check one □ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☐ Student loans Debtor 1 and Debtor 2 only ☐ Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Utility Services Is the claim subject to offset? **✓** No Yes 4.9 Fingerhut Last 4 digits of account number \$300.00 12/2017 When was the debt incurred? Nonpriority Creditor's Name Attn: Billing Dept. Number Street 6250 Ridgewood Road As of the date you file, the claim is: Check all that apply. Saint Cloud MN 56303 Contingent State ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another ☐ Obligations arising out of a separation agreement or divorce

✓ No Yes

☐ Check if this claim is for a community debt

Is the claim subject to offset?

that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Suppliers and Vendors

4.10

4.11

4.12

Cama;y 1951002	AeBAH Doc#	#: 13 Filed:	01/26/19 Desc: Main Document ₀₂₁ Page 20	of 33
First Name Middle	e Name Last Nam	me		
t 2: List All of Your N	NONPRIORITY Ur	nsecured Clain	ns	
Do any creditors have non	nriority unsocured	claime against y	iou?	
	-		the court with your other schedules.	
Yes	roport iii alio para o			
nonpriority unsecured claim,	, list the creditor sepa nan one creditor hold	arately for each cl	al order of the creditor who holds each claim. If a creditor ha aim. For each claim listed, identify what type of claim it is. Do no m, list the other creditors in Part 3.If you have more than three no	t list claims already
				Total claim
HCS Preferred Care			Last 4 digits of account number E440	17.00
Nonpriority Creditor's Name			When was the debt incurred?	_{\$} 17.90
Attn: Patient Accounts Number Street				
PO Box 564				
И		00404	As of the date you file, the claim is: Check all that apply.	
Keene	NH State	03431 ZIP Code	Contingent	
Who incurred the debt? Ch		211 0000	Unliquidated	
	eck one.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
_ ′			☐ Student loans	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors	•		Obligations arising out of a separation agreement or divorce	
☐ Check if this claim is fo			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	3
Is the claim subject to offs	set?		✓ Other. Specify Medical Services	
✓ No				
Yes				
Monadnock Community H	ospital		Last 4 digits of account number 7000	_{\$} 183.60
			— When was the debt incurred? 04/2017	
Nonpriority Creditor's Name Attn: Patient Accounts				
Number Street			_	
452 Old Street Road			As of the date you file, the claim is: Check all that apply.	
Peterborough	NH	03458	Contingent	
City	State	ZIP Code	Unliquidated	
Who incurred the debt? Ch			☐ Disputed	
Debtor 1 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only			Student loans	
Debtor 1 and Debtor 2 only			☐ Obligations arising out of a separation agreement or divorce	
At least one of the debtors	and another		that you did not report as priority claims	
☐ Check if this claim is fo	or a community debt		 Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services 	3
Is the claim subject to offs	et?		Utner. Specify inleuted Services	
✓ No				
Yes				
Monadnock Community H	lospital		Last 4 digits of account number 0001	.101.05
	·		When was the debt incurred? 04/11/2018	\$ <u>121.25</u>
Nonpriority Creditor's Name			THE WAS THE GENT HIGHIEU!	

Мо Nonp 452 Old Street Road Number Street As of the date you file, the claim is: Check all that apply. Peterborough NH 03458 ☐ Contingent

City Who incurred the debt? Check one. State ZIP Code ☐ Unliquidated ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only

Debtor 1 and Debtor 2 only At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset? ✓ No

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services

Yes

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	First Name Middle Name	Last Name				
Pa	rt 2: List All of Your NONPRIOR	RITY Uns	secured Claims			
	Do any creditors have nonpriority uns No. You have nothing to report in thi Yes					
	List all of your nonpriority unsecured nonpriority unsecured claim, list the cred included in Part 1. If more than one cred claims fill out the Continuation Page of F	litor separ litor holds	ately for each claim	. For each claim listed, identify wh	at type of claim it is. Do not	list claims already
						Total claim
4.13	Monadnock Community Hospital			Last 4 digits of account number	0001	
	Nonpriority Creditor's Name					<u>\$ 112.76</u>
	PO Box 746			When was the debt incurred?	04/11/2018	
	Number Street					
				As of the date you file, the claim	is: Check all that apply.	
	Nashua	NH	03061	_		
	City	State	ZIP Code	☐ Contingent☐ Unliquidated		
	Who incurred the debt? Check one.			Disputed		
	Debtor 1 only			Type of NONPRIORITY unsecu	ıred claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and another			Obligations arising out of a separ	ration agreement or divorce	
				that you did not report as priority Debts to pension or profit-sharing		
	LI Check if this claim is for a commun	nty debt		Other. Specify Medical Service	es	
	Is the claim subject to offset?					
	✓ No ☐ Yes					
4.14	1			Last 4 digits of account number	7000	_{\$} 230.60
				When was the debt incurred?	08/2017	Ψ
	Nonpriority Creditor's Name Attn: Patient Accounts			This was the assemble to a	00/2017	
	Number Street		-			
	PO Box 746			As of the date you file, the claim	is: Check all that apply.	
	Nashua	NH	03061	Contingent		
	City Who incurred the debt? Check one.	State	ZIP Code	Unliquidated		
	Debtor 1 only			☐ Disputed Type of NONPRIORITY unsecu	und alaims	
	Debtor 2 only			Student loans	irea ciaim:	
	Debtor 1 and Debtor 2 only			Obligations arising out of a separ	ration agreement or divorce	
	At least one of the debtors and another			that you did not report as priority	claims	
	☐ Check if this claim is for a commun	ity debt		☐ Debts to pension or profit-sharing ☐ Other. Specify Medical Service		
	Is the claim subject to offset?			Other. Specify Medical Service	6 5	
	No					
4 4 5	└ Yes				/	
4.15	Monadnock Community Hospital			Last 4 digits of account number	0001	_{\$} 24.60
	Nonpriority Creditor's Name			When was the debt incurred?	05/09/2018	*
	PO Box 746					
	Number Street			As of the date you file, the claim	is: Check all that apply	
	Nashua	NH	03061	_	ior oncon an inal apply.	
	City	State	ZIP Code	☐ Contingent☐ Unliquidated		
	Who incurred the debt? Check one.			Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecu	ıred claim:	
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another			Obligations arising out of a separ		
	☐ Check if this claim is for a commun	nity debt		that you did not report as priority Debts to pension or profit-sharing		
	Is the claim subject to offset?	•		Other. Specify Medical Service	es	

✓ No Yes

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	First Name Middle Name	Last Name	е		,	
Par	t 2: List All of Your NONPRIO	RITY Uns	secured Claims			
[Do any creditors have nonpriority un No. You have nothing to report in the Yes		= -			
i i	List all of your nonpriority unsecured nonpriority unsecured claim, list the creincluded in Part 1. If more than one creclaims fill out the Continuation Page of	ditor separ ditor holds	rately for each claim.	. For each claim listed, identify wh	at type of claim it is. Do not	list claims already
	N 5 1 100 1					Total claim
4.16	New England Wireless Nonpriority Creditor's Name			Last 4 digits of account number	6752	_{\$} 201.18
	Attn: Collection Dept.			When was the debt incurred?	03/2017	
	Number Street 276 West Main Street					
	Hillsboro	NH	03244	As of the date you file, the claim	is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsect Student loans Obligations arising out of a sepa		
	☐ At least one of the debtors and another☐ Check if this claim is for a commu			that you did not report as priority Debts to pension or profit-sharin Other. Specify Telephone / In	claims g plans, and other similar debts	
	Is the claim subject to offset? No Yes			outor opening		
4.17	New Hampshire Derm Clinic PLLC			Last 4 digits of account number		<u>\$56.35</u>
	Nonpriority Creditor's Name 454 Old Street Road			When was the debt incurred?	10/26/2017	
	Number Street Suite 302			As of the date you file, the claim	is: Check all that apply.	
	Newton	MA	02458	Contingent		
	City Who incurred the debt? Check one.	State	ZIP Code	☐ Unliquidated☐ Disputed		
	Debtor 1 only			Type of NONPRIORITY unsect	ured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another			Obligations arising out of a sepa that you did not report as priority		
	☐ Check if this claim is for a commu	nity debt		Debts to pension or profit-sharin	g plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Medical Service	es	
	✓ No ☐ Yes					
4.18	North Meadow Family Health			Last 4 digits of account number		_{\$} Unknown
	Nonpriority Creditor's Name			When was the debt incurred?		
	Attn: Patient Accounts Number Street					
	154 Hancock Rd, Rt 202 North			As of the date you file, the claim	is: Check all that apply.	
	Peterborough City	NH State	03458 ZIP Code	Contingent		
	Who incurred the debt? Check one.	Cidic	Z.i. 5500	☐ Unliquidated☐ Disputed		
	Debtor 1 only			Type of NONPRIORITY unsect	ured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Student loans	arva viaini.	
	At least one of the debtors and another			Obligations arising out of a sepa		
	☐ Check if this claim is for a commu	nity debt		that you did not report as priority Debts to pension or profit-sharin	g plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Medical Service	es	
	✓ No					

Yes

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Debt	tor 1	First Name Middle Name	Last Name	,	Case number (# /	(known)	
Par	rt 2:	List All of Your NONPRIOR	RITY Uns	secured Claims			
	_	creditors have nonpriority un You have nothing to report in th			e court with your other schedules.		
i	nonprior included	ity unsecured claim, list the cred	ditor separ ditor holds	ately for each clain	order of the creditor who holds en. For each claim listed, identify whilist the other creditors in Part 3.If yo	at type of claim it is. Do not	list claims already
	•						Total claim
4.19		s Propane & Oil			Last 4 digits of account number	2994	210 64
	•	ity Creditor's Name			When was the debt incurred?	12/2017	<u>\$218.64</u>
	Number	Consumer Bankruptcy Street			When was the dest meaned.	12/2011	
		ox 2948					
	Conco	ord	NH	03302-2948	As of the date you file, the claim	is: Check all that apply.	
	City		State	ZIP Code	Contingent		
	Who in	ncurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
		otor 1 only			Type of NONPRIORITY unsecu	ıred claim:	
		otor 2 only			Student loans		
	_	otor 1 and Debtor 2 only east one of the debtors and another			Obligations arising out of a separ		
	_				that you did not report as priority Debts to pension or profit-sharing		
		eck if this claim is for a commu	nity debt		Other. Specify Utility Services		
	✓ No	claim subject to offset?					
4.20	Yes	s ı Pathology Services			Last 4 digits of account number	6288	\$ 30.28
7.20		-			When was the debt incurred?	11/2017	\$ <u>00.20</u>
		rity Creditor's Name Collection Dept.			Then was the assembariou.	11/2017	
	Number	· · · · · · · · · · · · · · · · · · ·					
	PO Bo	ox 417436			As of the date you file, the claim	is: Check all that apply.	
	Bosto	n	MA	02241-7436	Contingent		
	City Who in	ncurred the debt? Check one.	State	ZIP Code	☐ Unliquidated☐ Disputed		
	_	otor 1 only			Type of NONPRIORITY unsecu	ıred claim:	
		otor 2 only			Student loans		
	_	otor 1 and Debtor 2 only east one of the debtors and another			Obligations arising out of a separ		
	_				that you did not report as priority Debts to pension or profit-sharing		
		eck if this claim is for a commu	nity debt		Other. Specify Medical Service		
	Is the	claim subject to offset?					
	Yes	3					
4.21	TDS	Telecom			Last 4 digits of account number		400.00
	Nonnrio	rity Creditor's Name			When was the debt incurred?	12/2017	\$400.00
		Collection Dept.					
	Number				A - of the shot was file that also	i 0	
		ox 94510	Ш	60004	As of the date you file, the claim	is: Oneck all that apply.	
	Palati City		IL State	ZIP Code	Contingent		
		ncurred the debt? Check one.			☐ Unliquidated☐ Disputed		
		otor 1 only otor 2 only			Type of NONPRIORITY unsecu	ured claim:	
		otor 1 and Debtor 2 only			Student loans		
		east one of the debtors and another			Obligations arising out of a separ		
	_				that you did not report as priority	claims	

✓ No Yes

 \square Check if this claim is for a community debt

Is the claim subject to offset?

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

Telephone / Internet services

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Pai	t 2: List All of Your NONPRIORITY Unsecured Claims		
	Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the Yes		
i	List all of your nonpriority unsecured claims in the alphabetical on nonpriority unsecured claim, list the creditor separately for each claim, not	For each claim listed, identify what type of claim it is. Do not	list claims already
			Total claim
4.22	U.S. Cellular	Last 4 digits of account number 1307	050.04
	Nonpriority Creditor's Name		_{\$} 253.01
	Attn: Billing Dept. Number Street	When was the debt incurred? 06/2017	
	Dept. 0205		
	Dalatina III 00055 0005	As of the date you file, the claim is: Check all that apply.	
	Palatine IL 60055-0205 City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
	Debtor 1 and Debtor 2 only	☐ Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims	
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Telephone / Internet services	
	Is the claim subject to offset?	Other. Specify Telephone / Internet services	
	✓ No		
	Yes		
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street		
	Number Succe	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce 	
	At least one of the debtors and another	that you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	No		
	Yes		
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	·
	Number Street	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent	
	City State ZIP Code Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	□ No		

Yes

Part 3:

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First Name Midd

Middle Name

Last Name

List Others to Be Notified About a Debt That You Already Listed

Balanced Healthcare Receiv	ables Collection	n Dept.	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name			Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims				
164 Burke Street							
Number Street Suite 201			Part 2: Creditors with Nonpriority Unsecured Claim				
Nashua	NH	03060	Last 4 digits of account number 8590				
City	State	ZIP Code					
Balanced Healthcare Receiv	ables Collection	n Dept.	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name			11/ c (2) () □ = (4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
164 Burke Street			Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
Number Street Suite 201			✓ Part 2: Creditors with Nonpriority Unsecured Claims				
Nachus	NII I	00000	0005				
Nashua	NH	ZIP Code	Last 4 digits of account number 2865				
Alty	State	ZIP Code					
Convergent Outsourcing Inc.			On which entry in Part 1 or Part 2 did you list the original creditor?				
lame		-	4.00				
800 SW 39th Street			Line $\underline{4.22}$ of (<i>Check one</i>): \square Part 1: Creditors with Priority Unsecured Claims				
Number Street			Part 2: Creditors with Nonpriority Unsecured				
PO Box 9004			Claims				
Renton	WA	98057	Last 4 digits of account number 0124				
City	State	ZIP Code					
Dartmouth Hitchcock Patient	Accounts		On which entry in Part 1 or Part 2 did you list the original creditor?				
lame			4.2				
1 Medical Center Drive			Line 4.2 of (<i>Check one</i>): \square Part 1: Creditors with Priority Unsecured Claims				
Number Street			Part 2: Creditors with Nonpriority Unsecured				
			Claims				
Lebanon	NH	03756	Last 4 digits of account number 8824				
City	State	ZIP Code					
Law Offices Howard Lee Sch	niff, PC, Attn: Ka	aren J. Wisniow	ski, ^E On which entry in Part 1 or Part 2 did you list the original creditor?				
Name							
PO Box 280245			Line 4.1 of (<i>Check one</i>): \square Part 1: Creditors with Priority Unsecured Claims				
Number Street			✓ Part 2: Creditors with Nonpriority Unsecured				
			Claims				
East Hartford	СТ	06128	Last 4 digits of account number 0071				
City	State	ZIP Code	Last 4 digits of account number 0071				
			On which entry in Part 1 or Part 2 did you list the original creditor?				
Name			on million only in rait rol rait 2 did you list tile original creditor:				
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims				
Number Street			Part 2: Creditors with Nonpriority Unsecured				
5.000			Claims				
							
20			Last 4 digits of account number				
City	State	ZIP Code					
lomo			On which entry in Part 1 or Part 2 did you list the original creditor?				
lame			<u>_</u>				
lumber Otre-1			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims				
Number Street Part 2: Creditors with Nonprio		☐ Part 2: Creditors with Nonpriority Unsecured					
			Claims				
			Last 4 digits of account number				
City	State	ZIP Code	East 4 digits of docount number				

First Name

Middle Name

Last Nam

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	Total claim	0.00
Total claims from Part 2	6f. Student loans6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.		0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority		\$	
	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other 	6g.	\$	0.00

Fill in this information to identify your case:					
Debtor	Mary E. Sherbourne	,			
	First Name	Middle Name	Last Name	-	
Debtor 2 (Spouse If filing)	First Name	Middle Name	Last Name		
		the District of New Hampshire	Last Name		
Office Otates i	bankruptcy Court for	the Blothet of Hoth Hamponine			
Case number	19-10021		_		
(If known)					

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you	have the contract or lease	State what the contract or lease is for
2.1			
	Name		-
	Street		
	City State	ZIP Code	-
2.2	N		_
	Name		
	Street		
	City State	ZIP Code	-
2.3	,		
	Name		-
	Street		
	City State	ZIP Code	-
2.4			
	Name		
	Street		
	City State	ZIP Code	-
2.5			
	Name		
	Street		
	City State	ZIP Code	-

Fill in this	information to iden	tify your case:		
Debtor 1	Mary E. Sherbourne	е		
Debtor 2	First Name	Middle Name	Last Name	
	ing) First Name	Middle Name	Last Name	_
United State	es Bankruptcy Court for t	the: District of New Hampshi	re	
Case numb	er19-10021			
				Check if this is ar amended filing
Official	Form 106H			_
		_ ur Codebtor	S	12/15
are filing to and numbe	gether, both are equ	ually responsible for sup ooxes on the left. Attach	plying correct informati	e. Be as complete and accurate as possible. If two married people on. If more space is needed, copy the Additional Page, fill it out, his page. On the top of any Additional Pages, write your name and
1. Do you	=	s? (If you are filing a joint	case, do not list either sp	ouse as a codebtor.)
Ye:				
	•	-		rritory? (Community property states and territories include s, Washington, and Wisconsin.)
✓ No	. Go to line 3.			•
Ye	s. Did your spouse, fo	ormer spouse, or legal equ	uivalent live with you at the	e time?
	No			-
	Yes. In Wnich commi	unity state or territory did	you live?	Fill in the name and current address of that person.
	Name of your spouse, form	mer spouse, or legal equivalent		
	Number Street			
	City	State	ZIP Coo	ie e
shown Sched Sched	n in line 2 again as a Jule D (Official Form Jule E/F, or Schedule	codebtor only if that pe	rson is a guarantor or co	debtor if your spouse is filing with you. List the person osigner. Make sure you have listed the creditor on Schedule G (Official Form 106G). Use Schedule D,
Colur	nn 1: Your codebtor			Column 2: The creditor to whom you owe the debt
0.4				Check all schedules that apply:
3.1 Name				Schedule D, line
Ivame				Schedule E/F, line
Stree	t			Schedule G, line
City		State	ZIP C	code
3.2				Schedule D, line
Name				Schedule E/F, line
Stree	et .			Schedule G, line
City		State	ZIP C	code
3.3			-	
Name				Schedule D, line
Ctus -				Schedule E/F, line
Stree	L			Schedule G, line

Official Form 106H Schedule H: Your Codebtors page 1 of 1

ZIP Code

State

City

Fill in this information to identify	your case:					
Mary E. Sherbou	urne					
First Name Debtor 2	Middle Name	Last Name				
(Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:	District of New Hampshire					
Case number 19-10021	 	,		Check if thi	is is:	
()					ended filing	
					as of the following	stpetition chapter 13 date:
Official Form 106I				MM / DD) / YYYY	
Schedule I: You	ır Income					12/15
Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Part 1: Describe Employm	ou are married and not filingse is not filingse is not filing with you, of top of any additional pag	ng jointly, and you lo not include info	r spouse i rmation ab	s living with yo out your spou	ou, include informati se. If more space is	on about your spouse. needed, attach a
Fill in your employment information.		Debtor 1			Debtor 2 or non-	filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ✓ Not employed	d		Employed Not employed	
Include part-time, seasonal, or self-employed work.						
Occupation may include student or homemaker, if it applies.	Occupation					· · · · · · · · · · · · · · · · · · ·
	Employer's name					
	Employer's address					
		Number Street			Number Street	
						_
	Have law a amoulay and the av	City	State ZIF	Code	City	State ZIP Code
	How long employed the	re ?				
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a	ave more than one employe	r, combine the infor		•	·	
,			Fo	or Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sala deductions). If not paid monthly,			2. \$		\$	
3. Estimate and list monthly over	time pay.		3. + \$		+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$		\$	

Official Form 106l Schedule I: Your Income page 1

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Debtor 1 Case number (if know For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans 5d. 5e. 5e. Insurance 5f. Domestic support obligations 5f 5g. Union dues 5g. 5h. Other deductions. Specify: _ 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a. 0.00 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive 0.00 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c 0.00 8d. Unemployment compensation 8d. 1,273.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 0.00 8g. Pension or retirement income 8g. 0.00 8h. Other monthly income. Specify: 8h 1,273.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9. 1,273.00 1,273.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. **+** Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1,273.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? The Debtor is attempting to restart her animal day care business, "Mary the Critter Sitter." If successful, Yes. Explain: she estimates from past experience that she may earn from \$1,000.00 to \$1,200.00 monthly going forward. The Debtor is also owed unpaid court-ordered alimony of an estimated \$210,600.00 by her

Fill in this i	nformation to identify y	Volir casa.				
		your case.				
Debtor 1	Mary E. Sherbourne First Name	Middle Name	Last Name	Check if this is:		
Debtor 2	\			An amended f	iling	
(Spouse, if filing		Middle Name District of New Hampshire	Last Name		J	petition chapter 13
United States	Dankiupicy Court for the.	District of New Hampshire	(State)	expenses as o	of the following	date:
Case number (If known)	19-10021			MM / DD / YYYY	,	
Official I	Form 106J			_		
Sched	dule J: You	ur Expense:	5			12/15
information.	-	_		both are equally respons of any additional pages, v		-
Part 1:	Describe Your House	sehold				
	o to line 2. Des Debtor 2 live in a s	eparate household? e Official Form 106J-2, <i>Exp</i> e	enses for Separate Hou	sehold of Debtor 2.		
-	ve dependents? Debtor 1 and	☐ No ✓ Yes. Fill out this inform	nation for Debtor 1 or	s relationship to Debtor 2	Dependent's age	Does dependent live with you?
	e the dependents'	each dependent	None		Not app	No Yes
expenses	penses include of people other than nd your dependents?	V No ☐ Yes				
Part 2: E	stimate Your Ongoi	ng Monthly Expenses				
expenses as applicable da	of a date after the ban ate.		supplemental Sched	s form as a supplement in ule J, check the box at the alue of	-	
_	-	it on Schedule I: Your Inc	=		Your expe	nses
	I or home ownership e or the ground or lot.	xpenses for your residen	ce. Include first mortgag	ge payments and	\$	1,011.91
If not incl	luded in line 4:					0.00
4a. Real	estate taxes			4a .	\$	0.00
4b. Prop	erty, homeowner's, or re	enter's insurance		4b.	\$	48.30
4c. Hom	e maintenance, repair, a	and upkeep expenses		4c.	\$	150.00
4d. Hom	eowner's association or	condominium dues		4d.	\$	0.00

4d. Homeowner's association or condominium dues

Mary E. Sherbourne

First Name Middle Name Last Name

Case number (if known) 19-10021

			Your e	xpenses
5. 4	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	315.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	27.38
	6d. Other. Specify: Firewood	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	234.04
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	60.21
0.	Personal care products and services	10.	\$	43.55
1.	Medical and dental expenses	11.	\$	43.55
	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	80.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	30.00
4.	Charitable contributions and religious donations	14.	\$	0.00
	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	36.70
	15c. Vehicle insurance	15c.	\$	50.00
	15d. Other insurance. Specify:	15d.	\$	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
7.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
			Φ	
	Other payments you make to support others who do not live with you. Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ne.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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ebtor 1	Mary E. Sherbourne			Case number (if ki	19-10021 Case number (if known)			
	First Name Middle Name Last Name							
1. Other. Specify:					21.	+\$	0.00	
							+\$	
							+\$	
Calcula	te your mon	thly expenses.						
22a. Add	. Add lines 4 through 21.					22a.	\$	2,130.64
22b. Cop	2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lin				106J-2 22c. Add line 22a	22b.	\$	
and 22b.	The result is	s your monthly e	xpenses.			22c.	\$	2,130.64
Calculate	your month	nly net income.						1 070 00
23a. Cop	a. Copy line 12 (your combined monthly income) from Schedule I.			om Schedule I.		23a.	\$	1,273.00
23b. Cop	Copy your monthly expenses from line 22c above.					23b.	- \$	2,130.64
	•		-	om your monthly income.			¢	-857.64
The	e result is you	ur monthly net ir	icome.			23c.	Ψ	
Do you e	xpect an inc	rease or decre	ase in your expe	enses within the year	after you file this form?			
For exam	ple, do you e	expect to finish r	aying for your ca	r loan within the year o	or do you expect your			
				·	erms of your mortgage?			
✓ No.								
☐ Yes.	Explain he	ere:						